



LEVERAGING THE HISTORY OF BLACK EXCELLENCE IN MEDICINE TO PROMOTE HEALTH EQUITY FOR BLACK ELDERS AT RISK FOR DEMENTIA

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— ABSTRACT —

In this clinical report, we describe our adaptation of group reminiscence therapy to suit the specific cultural characteristics of a group of low-income community-dwelling African American elders in St. Louis who were at risk for dementia. Our setting for addressing the accumulation of a lifetime of racial health disparities experienced by the participants was the historic all-black Homer G. Phillips Hospital in North St. Louis, a legendary symbol of their community's response to racial health disparities. We connected its history to the current socio-political climate in St. Louis, to empower the participants to assume control of their brain health as they age while facilitating their involvement in their community's racial justice endeavors. Two highlights of our interventions were a screening of the award-winning documentary film "The Color of Medicine: The Story of Homer G. Phillips Hospital", and a visit by the non-profit organization 4TheVille to involve our group's participants in a fundraising art project for restoration of neighborhood landmarks cherished by the local African American community. This fusion of culturally adapted group reminiscence therapy with community activism for racial justice is an example of a clinical solution to racism in geriatric care in the field of Communication Sciences and Disorders.

I. INTRODUCTION: OVERCOMING THE RACIAL INJUSTICE OF HISTORICAL ERASURE THROUGH CULTURAL ADAPTATION OF REMINISCENCE THERAPY

Reminiscence Therapy is an effective non-pharmacologic intervention for individuals with cognitive-communicative decline, designed to elicit meaningful interactions about past events and experiences

through carefully designed multimodal stimuli such as photographs, artifacts, videos, and music (Woods, O'Philbin, Farrell, Spector, & Orrell, 2018). Group reminiscence therapy supports communication based on collective memory recall (Livingston, 2017; Olazarán et al., 2010). In this clinical report, we describe our adaptation of reminiscence therapy to suit the specific cultural characteristics of a group

of community-dwelling African American elders at risk for dementia. Our approach benefitted from foundational research on culturally and linguistically competent cognitive-communicative therapies for diverse aging populations (Harris, 1997a,b; Harris & Fleming, 2009; Harris & Norman, 2002; Ripich & Horner, 2006).

For our cultural adaptations of reminiscence therapy, we drew upon our historical setting of the former Homer G. Phillips Hospital (hence, HGPH) in the heart of The Ville neighborhood of North St. Louis. Named after the African American lawyer who secured the bond for its construction, this legendary hospital was the premiere training site for African American physicians, nurses and other health professionals from its inauguration in 1937 to its forced closing in 1979. The greater portion of the original HGPH building complex was remodeled as senior living apartments, but a corner of it was transformed into a day health site by our community partner CareSTL Health, a local federally qualified health center founded in 1969. Our other community partner was the non-profit agency Northside Youth and Senior Service Center, Inc. founded in 1973 by Father William J. Hutchison, S.J. of Saint Louis University (SLU). Both organizations primarily serve economically disadvantaged minority residents of North St. Louis.

Our partnerships with CareSTL Health and Northside were established through SLU's Gateway Geriatric Workforce Enhancement Program, which sponsored our clinical program dedicated to community-dwelling low-income African American elders in early stages of cognitive-communicative decline. The medical and behavioral health staff of our community partners referred all participants. Our group of 8 to 12 participants, named the "Senior Social Group For Brain Health As We Age", gathered weekly at CareSTL Health's site on the hallowed grounds of HGPH. Most of the initial 10 participants adhered to our clinical program throughout our 3 years and 3 months of operation, though some attrition occurred and newer referrals were recruited. Further details are published elsewhere (Postman et al., in press).

We connected the history of HGPH to the current socio-political climate in St. Louis, to address the accumulation of a lifetime of racial health disparities experienced by the participants and to facilitate their involvement in their community's racial justice endeavors. Two highlights of our interventions were 1) screening of the award-winning documentary film "The Color of Medicine: The Story of Homer G. Phillips Hospital" (Fitzpatrick, Shackelford, & Robinson, 2018), which narrates the history and legacy of HGPH, and 2) a visit by the non-profit organization

4TheVille to photograph and video-record the participants for a fundraising art project to restore neighborhood landmarks cherished by the local African American community.

This fusion of culturally adapted group reminiscence therapy with community activism for racial justice is an example of a clinical solution to racism in geriatric care in the field of Communication Sciences and Disorders. Our group reminiscence therapy helped to overcome the erasure of The Ville's history of black excellence in medicine and other domains through facilitation of participants' civic and social engagement as a group. The term "erasure", defined by Allahar (2005, p.125) as "the act of neglecting, looking past, minimizing, ignoring or rendering invisible an other", applies to the systematic dismissal of African American history beyond a restricted set of key moments (Bumpus, 2020; Harley, 2006; Johnson, 2017). "Erasure" captures our group participants' oft-expressed dismay at the prospect of future generations' ignorance of their neighborhood as a vibrant incubator of black talent and achievement, exemplified by HGPH. To validate the participants' identities as crucial contributors to and beneficiaries of their venerated community, we incorporated culturally relevant events such as the release of "The Color of Medicine: The Story of Homer G. Phillips Hospital" into our clinical activities, and we connected our group with local community advocates such as 4TheVille. Hence the history of racism and the ongoing struggle for racial justice were essential— not incidental— components of our group's clinical program for traditionally underserved African American elders at risk for dementia.

II. SYMBOLIC SIGNIFICANCE OF OUR GROUP SETTING: THE HISTORY OF HOMER G. PHILLIPS HOSPITAL WITHIN THE CONTEXT OF THE CONTEMPORARY RACIAL JUSTICE MOVEMENT

Though the Black Lives Matter (BLM) movement did not originate in St. Louis, Missouri, events such as the killing of Michael Brown on August 9th, 2014 did galvanize and expand the BLM movement (Carney, 2016). Older living generations of African Americans are familiar with St. Louis as a site of intense racial strife. Simultaneously, they recognize this city as a driver of civil rights advancement thanks to well-organized progressive activism fueled by civic pride (Marans & Stewart, 2015).

This duality of racial conflict and progress may have contributed to the readiness and willingness of our group participants to freely discuss issues of racial health disparities with our team. These issues have always been at the forefront of the collective

consciousness of St. Louis residents, and were symbolized by our group setting at the former HGPH. Participants were well acquainted with the glorious history and symbolic status of HGPH; each had personal or family connections with HGPH as former patients or employees. In 1980, a year after its forced closure, it was designated a St. Louis City Landmark, but the participants were poignantly aware that the end of its operation as a hospital entailed the loss of The Ville's most powerful economic engine. A common refrain in our discussions was that the ensuing decline of this once-flourishing African American neighborhood was predictable and preventable (Gordon, 2008).

III. INTEGRATING THE PAST INTO THE PRESENT WITH REMINISCENCE THERAPY INSPIRED BY THE HISTORY OF HOMER G. PHILLIPS HOSPITAL

Our clinical team's leadership of group sessions was informed by the meaningful symbolism of our setting on the hallowed grounds of HGPH. Our Senior Social Group For Brain Health As We Age openly addressed racial health disparities among aging populations on the very site that was constructed to correct racial health disparities. We initiated and moderated discussions of risk factors that were most likely to contribute to the heightened prevalence of dementia in African Americans relative to whites in the United States. In particular, we emphasized how disproportionately high levels of chronic conditions including hypertension, hyperlipidemia, diabetes and respiratory illnesses in African Americans result from socioeconomic, educational and environmental inequities, and mistrust of the mainstream medical establishment based on a history of poor and unequal treatment.

We were inspired by our symbolic setting to openly solicit uncomfortable but necessary conversations about persistent racism in healthcare. Our impassioned conversations drove a sense of unified collective purpose that encouraged participants' loyalty to our group. Participants reminded us that while the hospital's closing was a source of deep regret, its undeniably astounding success continued to inspire joy, dignity and a lingering sense of unique African American achievement. As illustrated in the verbal exchange below during which two of the participants interviewed each other, they appreciated that our team confronted these issues with them, in a manner that consistently prioritized their views and opinions, without judgment, dismissal or discouragement.

Participant 1: What do you think of the class?

Participant 2: I think that the class is uh, a catalyst to uh better mental and physical

health. You know, and it's been uh, uh... very stimulating.

Participant 1: I totally agree.

Participant 2: It's been a stimulant for me. (...) Don't you think that it's awesome that they have this meeting here in The Ville? (...) It's a historical area.

Participant 1: Yes I-I think it's good that uh... we are having our class in Homer G. Phillips, who was a lawyer. And they did not want to close down this uh establishment. But was forced to, so... we're learning more about him.

(April 17, 2019)

IV. THWARTING THE WHITE SAVIOR COMPLEX WITH GRATITUDE AND REVERENCE

Though the first author identified as Semitic (Middle Eastern) and the second author as African American, we acknowledged that because of our privilege as professor and student at a well-endowed private university, we were susceptible to the pernicious "white (or "privileged") savior" complex. Other members of our team identified as Caucasian or Asian. Perceptions of us as "white (or "privileged") saviors" whose purposes were egotistical, presumptuous and patronizing would have been counterproductive to the goals of our Senior Social Group For Brain Health As We Age (Feagin & Bennefield, 2014). To counteract such perceptions, we implemented numerous measures for establishing trust in our commitment to participants' welfare and for cultivating a true sense of cooperation, as opposed to condescension or coercion.

The team consistently demonstrated gratitude for being welcomed onto the historical HGPH site. At each group session the team offered free nutritious lunches to the participants and the CareSTL Health and Northside staff. The team also provided free literature in the form of brochures, booklets and handouts from the National Institute of Health, the Alzheimer's Association and the Centers for Disease Control and Prevention for participants and staff, and for storage in display cases of waiting rooms on-site. Thus, the team habitually conveyed its desire to positively contribute to the activities of these community health centers, instead of merely recruiting participants from them.

The team's weekly visits to HGPH were viewed as a welcome bridge between our university campus and the participants' beloved historic neighborhood. The Ville is still perceived by many St. Louis residents as separated by the "Delmar Divide", named after the socio-economic and racial boundary of Delmar Boulevard (Abello, 2019). Participants acknowledged our

reliable presence on their familiar territory by conveying to us their appreciation for our willingness to “visit their turf and play by their rules”, rather than expecting them to travel to our campus for group sessions. On occasions when we did invite them to our campus, such as for our screening of “The Color of Medicine: The Story of Homer G. Phillips Hospital” or for individual no-fee appointments at the SLU Audiology Clinic, we arranged free transportation through Northside and ensured that they felt welcome. Participants’ yearning to have representatives from nearby organizations become acquainted with their community was expressed by one of them in this narrative of her experience at another local university:

Participant: I was in this (...) health conference this morning at Washington University (...). And uh they were talkin’ about this area. And actually they were talkin’ about equity, about the um equity, how things are not equal among the urban and the um, well I’ll say, the particular area where we are. And they’re trying to make things better. And so one lady asked a question, said, “How can we help?” And she said— she was a white person (...) and they said “What can we do to help?” And so this young lady from The Ville, which everybody knows this is The Ville...

(Another participant interjected: Right! Absolutely!)

Participant: Okay, this one lady said, “If you wanna help, do some volunteering and come over. You can’t help somebody that you never want to be around.” And everybody clapped because it’s so absolutely true. Like people say, “How can we help? How can we help?” But instead they don’t wanna come near you. They just wanna help form afar, maybe send you some dollars.

(October 31, 2018)

V. SCREENING OF THE AWARD-WINNING DOCUMENTARY FILM “THE COLOR OF MEDICINE: THE STORY OF HOMER G. PHILLIPS HOSPITAL”

We were fortunate to benefit from renewed interest in the history and legacy of HGPH, as evidenced by the 2018 release of the award-winning documentary film, “The Color of Medicine: The Story of Homer G. Phillips Hospital” (Fitzpatrick, Shackelford & Robinson-Williams, 2018). On November 26th, 2019, we arranged a special screening of this film for our group (Pictures 1a,b).



Pictures 1a,b. Scenes from our screening of “The Color of Medicine: The Story of Homer G. Phillips Hospital”, in a conference room at the Saint Louis University Department of Communication Sciences and Disorders.

As long-time residents of The Ville where HGPH once flourished, the participants were deeply moved by this powerful documentary about the hospital’s founding, glory days, and legacy. The following quotations from the energetic discussions sparked by our film screening reveal their recollections of the pride and unity that HGPH inspired in this African American community, coupled with their awareness that the closing of HGPH was a racist act that inflicted permanent harm upon this African American community.

Participant 1: And if you were raised up in this community and you see it now, it does bring tears to your eyes.

Participant 2: It really does, ‘cause I was raised up here!

Participant 1: It’s hurtful... it’s so hurtful.

Participant 3: I had my son at Homer G.

Participant 1: Because a lot of people, they do not know what it was, and what we had.

Participant 2: Absolutely!

Participant 1: And you know, and the black community, you know we had some pride and you-you had that, you know that companionship, you had... you know...

Participant 2: It just tore the community up.

Participant 1: You had community!

Dr. Postman: Totally... And it was on purpose!

Participant 2: It was on purpose.

Participant 4 (referring to line in film): Well he said it was stolen...

(...)

Participant 3: They stole it, because they were jealous because there were more African Americans going to Homer G. than there were those white folks going there...

Participant 2: Well they had smart doctors there at Homer G.

(...)

Participant 5: They called it "Fix It Phillips"!

(November 26, 2019)



Pictures 2a-e. Portraits and interviews acquired during 4TheVille visit.



VI. FROM GROUP REMINISCENCE THERAPY TO COMMUNITY ACTIVISM: INVOLVING A LOCAL ORGANIZATION IN OUR CLINICAL PROGRAM

Our team coordinated a group visit by the award-winning community activists Julia Allen and Aaron Williams from 4TheVille, a “community-based tourism and arts organization created by multi-generational Ville residents and volunteers to restore pride in the legacy of The Ville, a historic African American community in the heart of St. Louis, Missouri, and inspire reinvigorated community ownership” (<http://www.4theville.org/>). 4TheVille contributed to the production of “The Color of Medicine: The Story of Homer G. Phillips”; both Julia Allen and Aaron Williams were interviewed in the film. Thus, 4TheVille’s activities were relevant to our group reminiscence therapy centered upon HGPH.

Together with assistant professor of art Meghan Kirkwood of Washington University, we arranged professional photography and video-recorded interviews with the participants during our group session on October 30th, 2019. The acquired photographs and video-interviews (Pictures 2a-e) were intended for exhibit in Spring 2020 at Washington University’s Mildred Lane Kemper Art Museum. This exhibit was postponed due to the COVID-19 pandemic. Its goal was fundraising for the non-profit Northside Community Housing, Inc.’s purchase of the Sara-Lou Café, a historic landmark at the corner of St. Louis Avenue





Picture 2f. Group discussion led by Julia Allen and Aaron Williams of 4TheVille.

and Sarah Street in The Ville. Video-recorded interviews with participants consisted of narratives about memories of life in The Ville while the café was active (1972-2002).

4TheVille representatives Julia Allen and Aaron Williams concluded their visit by leading a group discussion on current efforts to restore the past glory of their community (Picture 2f). Participants were invited to continue corresponding with 4TheVille about involvement in community activities to support these efforts. Hence, our group session with 4TheVille constituted a reminiscence activity that transcended the boundaries of our setting by connecting participants to ongoing racial justice activities in their surrounding community. This event was aligned with our group's mission of overcoming the historical erasure epitomized by the 1979 shutdown of HGPH but also evident throughout The Ville. Because this special event appealed to the participants' well-earned sense of civic pride and purpose, they felt validated in their assertions of their identities as revered pillars of their community. This validation served as motivation for the participants to continue their lifelong citizen engagement, and to view this engagement as

a crucial lifestyle measure for stimulating their cognitive-communicative capabilities. By connecting our group reminiscence therapy to participants' involvement in revitalization of their venerable neighborhood, we promoted a holistic and socially conscious approach to aging brain health that celebrated participants' personal and cultural identities as advocates for racial justice in their community.

VII. CONCLUSIONS AND IMPLICATIONS

The strategy of incorporating our historic setting and its relevance to racial justice into our group reminiscence therapy protocol contributed to the success of our Senior Social Group For Brain Health As We Age. The first of its kind in this community, it has enjoyed over 3 years of continuous operation, halted only by the onset of the COVID-19 pandemic. The dazzling legacy of HGPH as an emblem of black excellence in medicine and an engine of community-wide progress inspired participants' hope for a more equitable future for the residents of their celebrated neighborhood. Our screening of "The Color of Medicine: The Story of Homer G. Phillips Hospital" and

our collaborative event with 4TheVille were memorable collective experiences for the participants that engendered increased commitment to their personal health and to the health of their community.

As healthcare practitioners and researchers, we must remain committed to our moral imperative of addressing and correcting health disparities wherever we encounter them. Our Senior Social Group For Brain Health As We Age overcame barriers to care for the participants by providing them culturally adapted cognitive-communicative therapy in an accessible, familiar and symbolic community site. This approach of deploying local history and connecting it to contemporary racial justice endeavors is applicable across settings, and can inform practices for reducing health disparities experienced by diverse elders everywhere.

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